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grasp. Thus, while the empires of the Old World struggle, now with arms, now with diplomacy, and now with engineering, for ascendancy in the East, we of this Western hemisphere, if only we are true to the principles of freedom, of peace, and of religion, shall appropriate to ourselves the wealth of the Indies and the dominion of the seas.

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ART. IX. — *Surgical Reports and Miscellaneous Papers on Medical Subjects.* By GEORGE HAYWARD, M. D., President of the Massachusetts Medical Society, Fellow of the American Academy of Arts and Sciences, late Professor of Surgery in Harvard University, and Consulting Surgeon to the Massachusetts General Hospital. Boston: Phillips, Sampson, & Co. 1855. 12mo. pp. 452.

THIS work is the third which has recently been published by retired Professors of the Medical School of Harvard University; and, with those of Doctors Bigelow and Jackson, it furnishes a pleasing opportunity for paying a just tribute to the medical science of Boston. We have been long accustomed to look upon Philadelphia and New York as the centres of medical publication in this country. Boston, noted for her skilful surgeons and physicians, produces comparatively few medical books; Philadelphia and New York, with no better materials, flood the country with their works on medicine and surgery. Boston writes little, but that little is original, practical, and the result of long experience; her sister cities write much,—too much perhaps,—in the form of translations, compilations, manuals, *guides to*, rather than the *results of*, practice.

The work of Dr. Bigelow has been noticed by us in a former number,\* as exceedingly valuable and interesting, even to the general reader. Dr. Jackson's "Letters to a Young Physician" affords important aid to the practitioner, in language eminently clear and intelligible. The work of Dr. Hayward is more strictly intended for the profession, and

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\* April, 1855.

comes less than either of the others within the scope of a literary journal. Still, the examination of its most prominent features will be of advantage to the non-professional public, (if in no other way,) by enabling them to form a just idea of the duties, labors, and dangers of the surgeon in a large city. It will also give them much valuable information as to the structure of the human body, its laws of healthy and morbid action, and the means at the disposal of the surgeon for arresting disease, without affording that dangerous smattering of medical knowledge which, in these days, makes every one his own physician.

If anatomy has its poetry, physiology its sublime teachings, and medicine its lessons of Christian fortitude, surgery also has its romance and its humanity. The art of medicine is to a great degree experimental, empirical, and therefore unsatisfactory to the practical mind; its agents are mysterious in their action, oftentimes unknown in their composition, and complicated in their results; the relation of cause and effect can rarely be traced with clearness. The art of surgery, on the contrary, or chirurgery (hand-work), is eminently practical, dealing with realities exposed to the sight and touch, unobscured in many cases by the veil of interposed tissues; hence its greater certainty, its scientific claims, the satisfaction attending its practice, and its most memorable triumphs. But the triumphs of surgery consist in the *preservation*, not in the *removal*, of the human members. Though it removes the offending eye, that the entire body may not be darkened, or the useless limb, that the whole organism may not perish, it rejoices more over the one portion of the frame that has been saved, than over the ninety and nine that have been cast off. Dr. Hayward's book boasts not that limbs may be removed in forty seconds, but teaches the comparative danger of the various operations from carefully digested tables. There is nothing in it of the modern school of rapid and complicated operations,—of the “forlorn hope” of surgery; but everywhere the judicious counsel of long experience, commended by his manifest sympathy with the suffering, by his evident wish to improve the science rather than his own reputation as an operator, and by a sincere pursuit of the truth, naked and unadorned.

Dr. Hayward's book, though intended for the profession, is neither a treatise on surgery nor on medicine; it does not enter into any of the minutiae of microscopic anatomy and pathology; it is simply a collection of "Surgical Reports, and Miscellaneous Papers on Medical Subjects," which have mostly been published before, and which are here brought together, to use the words of the Preface, "from a belief that some of them would be useful from the facts and tables they contain, and in the hope that all might be read with advantage by students and the younger members of the profession. It was even thought that they would perhaps be occasionally consulted by those somewhat advanced in practice, whose time was too much occupied to allow an examination of more extended works on the subjects of which they treat." The book is an embodiment of the author's individual experiences of forty years, unmixed with speculations and theories, either of his own or of others. A quality which merits special commendation, in these days of foreign phrases and smatterings, is its plain, unadulterated English, unobscured by Latin and Greek quotations, and undisfigured by the bad French and German by which the rising generation of medical writers simply mean to hint that they have made a school-boy's Transatlantic voyage. We welcome his book, not only as a timely addition to positive medical knowledge, but as a valuable contribution on subjects of the first importance to every intelligent individual. Let us, then, glance at the contents of some of the chapters, indicating the points of interest and value, rather than entering into a discussion of questions somewhat out of place in a literary journal.

Under the unassuming title of "Reports," Dr. Hayward, in the first two chapters, notices the cases which entered the Massachusetts General Hospital for surgical treatment, during a period of two years. Among the diseases mentioned is erysipelas, once a great annoyance to the surgeon, seizing upon the most trifling wounds, and seriously threatening life. In consequence of improved ventilation, this has now become of rare occurrence in our hospital. Regarding it as a constitutional affection, he thinks very little of local applications; maintaining that it is no more reasonable to attempt to arrest

erysipelas by nitrate of silver applied externally, than it would be to essay the cure of measles, small-pox, or any other cutaneous manifestation of constitutional disease, by topical remedies. Brief and eminently practical remarks follow, on keeping the pieces of a broken jaw together by silver wire around the teeth; on the treatment of fractured thigh by extension and counter-extension by means of an improved Desault's apparatus and Amesbury's fracture-bed; on inflammation of the hernial sac, illustrated by four interesting cases; on amputation by the *circular* method, which no doubt is in many, if not in most cases, the best for the patient, notwithstanding Mr. Liston's unwarrantable and sweeping condemnation of this operation; on the treatment of burns, of various degrees of severity; on hip disease, with spontaneous dislocation, in which he sustains the correctness of his diagnosis of the latter complication, by his own cases and by the best authorities in surgery. In regard to the treatment of this painful disease, it should be remarked that extension and counter-extension, which have of late claimed the prestige of a new discovery, had been employed with success in this vicinity for many years.

The third chapter is a report to the American Medical Association on the "Radical Cure of Reducible Hernia." This disease is of such common occurrence, that it has been a desideratum of surgery for centuries to discover a radical cure. The most revolting and painful operations, as well as the most simple, have been tried and found insufficient. Now and then, some pretended discovery has been published; but all methods hitherto employed, whether openly or secretly practised, have signally failed in a large number of cases, while some have been successful under the most favorable circumstances. Bearing in mind that a temporary occlusion of the hernial opening is not a permanent cure, and that such partial relief has been obtained by several operations, the following conclusions of the committee will be accepted by every honest and ingenuous surgeon, viz.:—"1. That there is no surgical operation at present known which can be relied on, with confidence, to produce in all instances, or even in a large proportion of cases, a radical cure of reducible hernia. 2. That

they regard the operation of injection by the subcutaneous method as the safest and best. This will probably in some cases produce a permanent cure, and in many others will afford great relief. 3. That compression, when properly employed, is, in the present state of our knowledge, the most likely means of effecting a radical cure in the greatest number of cases."

A "Discourse on some of the Diseases of the Knee-joint" forms the fourth chapter. This is one of the most useful discourses ever delivered before the Massachusetts Medical Society. The complex structure of the knee-joint, the obscurity of the symptoms, and the consequently doubtful diagnosis of the exact seat of these common and painful affections, render them very difficult of management. Unwilling to undergo the necessarily tedious treatment, many sufferers impatiently hurry to some ignorant bone-setter, under whose rude manipulations the part becomes more and more inflamed, (unless it happens to be a case in which every surgeon would recommend friction,) and amputation of a limb, which patience would have saved, becomes necessary for the preservation of life. His remarks in this chapter are especially valuable, as whatever he advances of a practical nature is the result of his own extensive experience.

One of the most interesting chapters in the book is entitled "Statistics of the Amputations of Large Limbs that have been performed at the Massachusetts General Hospital, from its establishment to January 1, 1850." It is only within a few years that the statistics of amputations have attracted much attention. Some seventy years ago it was the prevailing opinion among surgeons that not more than one in twenty died on whom amputation was performed; now it has been ascertained that one out of four died in two thousand cases in civil practice in Great Britain, and one out of three in five thousand cases on the Continent. The only explanation of this startling discrepancy is, that formerly no records of the results of these operations were kept, and that the prevailing opinion was based on vague impressions. Statistics, with their inexorable figures, have shown that amputation is a formidable operation. During the period embraced in Dr. Hay-

ward's paper, 141 persons were operated on for the removal of large limbs, of whom 32 died; 85 of them for chronic disease, of whom 10 died; 56 in consequence of injury, of whom 22 died; being one in eight and a half of the former, and more than one in three of the latter. These results are very favorable, compared with those of the European hospitals. Surgeons are often accused of removing limbs which might be saved; there can be no doubt that, on the contrary, too long delay is a very frequent cause of death. The tables confirm the belief, that "amputation of the lower extremities is more often followed by fatal consequences than that of the upper, and that death takes place more frequently after amputation of the thigh than after that of the leg." They also support the opinion that a state of high health is not favorable to surgical operations, inasmuch as the mortality after amputation for recent accidents was much greater than after that for chronic diseases.

The statistics of amputations, and indeed of all the surgical operations, and of all the surgical diseases which have been treated in the Hospital from its foundation to the present time, have been recently combined into one volume. A glance at this will give information as to the sex, age, treatment, result, and duration, in each class of surgical cases, which otherwise would be attainable only after most tedious labor. The accumulated knowledge of thirty-five years' experience is thus made accessible to all, and, by its reliable statistical information, will probably, as in the case of amputations, do much towards correcting surgical errors.

Dr. Hayward's remarks on cases of amputation of a part of the foot are valuable, as descriptive of an operation new at the time (1816), and for which others have since claimed the priority. The advantages of the operation are, that, by sawing through the bones instead of amputating at the articulations, the patient may lose less of the foot, and have a better stump, while the process is less hazardous and painful. No exfoliation of the bones took place in either of the cases mentioned.

Dr. Hayward was one of the first in this country to perform the operation of division of tendons for the relief of lameness

and deformity. Tenotomy may be regarded as one of the greatest improvements of modern surgery, as deformities of a most painful and annoying character are thus removed by a very trifling operation, without a long confinement. When we reflect on the noble and wealthy persons who have carried club-feet, contracted limbs, and wry necks to their graves, having expended large sums of money and endured cheerfully the sufferings attendant on complicated apparatus for extension, and all in vain, we are prepared to admit that the bloodless, almost painless, subcutaneous division of the tendons is of inestimable advantage. Even in the time of Sir Walter Scott and Lord Byron, this simple operation was unknown, or they would not have quietly submitted to their infirmity.

In the ninth chapter Dr. Hayward graphically describes his own sufferings from a wound received during a *post mortem* examination. It is well known that dissection-wounds are often followed by severe and even fatal consequences. Physicians have not infrequently fallen victims to seemingly trivial injuries from this cause, acting on a system worn down by professional fatigues and anxieties,—in the search for the hidden causes of death, with the hope of saving life in the future, laying down their own lives; while scars of incisions and punctures—honorable wounds obtained in battles with the great destroyer—adorn the persons of very many who have survived the fearful risk. The public should remember, that all who practise the healing art expose themselves to this danger, as there is no certain mode of guarding against it; and that the physician not only fearlessly braves the pestilential emanations of the living, from which even the nearest relatives shrink in alarm, but hazards his life amid the deadly results of decomposition. The knowledge of these facts should more than ever endear to every intelligent community the worthy members of this self-sacrificing profession. In Dr. Hayward's own case, the punctures made by some clean needles were infected by touching a portion of ulcerated intestine; and from these slight wounds arose an irritative fever, accompanied by gangrene and abscess in the hand, which kept him confined for a month.

The next chapter is a record of cases of operation for a



most painful and loathsome disease, the first successful case of which, in this country, was performed by Dr. Hayward. The proportion of cures is highly satisfactory, and greater than before known. He performed the operation twenty times on nine patients. In three cases it was entirely successful; in four, great relief was obtained; and in the remaining two, no benefit was derived. Other surgeons have attempted to deprive him of his just credit, and have lauded very highly methods of questionable originality, and practically not superior to his. At any rate, whether they are or are not superior, Dr. Hayward was the first to render the operation successful here, and his method has answered every reasonable expectation.

Another most interesting chapter is that on "Anæsthetic Agents." That most persons can be rendered insensible to the pain of surgical operations by inhaling the vapor of sulphuric ether is now beyond all question; and that it is perfectly safe, the hundreds of thousands of cases all over the civilized world, without a death which can fairly be attributed to its use, sufficiently attest. In some cases it has failed, and in others it has produced unpleasant effects, but never death. If it be not too long continued, and the vapor be duly mixed with atmospheric air, it will in most cases produce a state of *narcotism*, without the danger of *asphyxia*. We are warranted in saying that this remarkable property of sulphuric ether, of producing, by its inhalation, insensibility to pain, was discovered in Boston in 1846. Says Dr. Hayward: "It is understood that Dr. C. T. Jackson, well known by his great attainments in geology and chemistry, first suggested the use of ether; but to Dr. Morton, I think, must be awarded the credit of being the first who demonstrated, by actual experiment on the human subject, the existence of this wonderful property." As is usual in such cases, several persons have come forward, and averred that they had, at an earlier date, used ether in the same way, and with the same results. Of them Dr. Hayward justly says: "If they had done so, the world was none the wiser or better for it; and I cannot forbear adding that it is utterly inconceivable to me, that any one, who has witnessed its successful effects in a surgical op-

eration, could be so regardless of human suffering, and so indifferent to his own fame, as not to have promulgated them far and wide." The first proper surgical operations on persons under the influence of ether were performed at the Massachusetts General Hospital, on the 16th of October, 1846, by Dr. John C. Warren, and on the 17th, by Dr. Hayward, both with satisfactory results. On the 7th of November, Dr. Hayward amputated the thigh of a girl, twenty years of age, for chronic disease. This was the first capital operation ever performed under the influence of sulphuric ether. Since that time, the use of this agent has spread to the four quarters of the globe. It is remarkable that the only places in which the discovery was received with coldness, and where no disposition was shown to test its merits by fair experiment, were the large cities of our own country. The mere power of rendering operations painless is above all price to the sufferer. It takes away the horror naturally felt at the idea of submitting one's self to the knife; it enables the surgeon to operate calmly, easily, safely, and rapidly or slowly, as circumstances may require; it diminishes the shock the nervous system experiences after severe operations; and it brings within the pale of surgery many cases which would otherwise be irremediable.

Sulphuric ether, of pure quality, in sufficient quantity, and properly administered, is entirely safe. It has been successfully given at all ages, from that of seven weeks to seventy-five years, in every variety of constitution, and in almost every state of the system. Its great advantages are its safety, and the ease with which it may be administered; its only disadvantages, immense in the eyes of some, are its penetrating odor, and the occasional trifling irritation of the air-passages.

Chloroform was first used as an anæsthetic agent by Professor Simpson of Edinburgh. Its needful dose is less, its odor more agreeable, and its power greater, than that of sulphuric ether. On the contrary, its great disadvantage is the danger to life from its use. There are on record, in various parts of the world, at least one hundred deaths from this powerful poison. Some have occurred in this city, — one during the past January. In view of such cases, Dr. Hayward says: "I know

not how a conscientious man, knowing this fact, can willingly take the responsibility, and expose his patient to this fearful result." Chloroform is a poison, and the insensibility produced by it is only the first stage of its poisonous action; it is impossible to arrest this action, in all cases, at the precise point of safety; and a few seconds beyond this point have caused, and may again cause, death. Since we have a sure and safe agent in *sulphuric ether*, we are of the opinion that the use of *chloroform* ought to be forbidden *by law*; and that, after what is now known of its danger, any one who uses it to the destruction of life ought to be indicted for manslaughter. One might as well tie a rope around a person's neck, and strangle him to insensibility, trusting to luck to restore respiration before life has entirely fled, as to give chloroform, with death, like the hair-suspended sword of Damocles, distant, it may be, only a second of time.

Chloric ether, which is a tincture of chloroform, and which must depend for its anæsthetic powers on the quantity of this agent contained in it, is liable, though in an inferior degree, to the same objections as chloroform. In fine, while sulphuric ether can produce all the necessary anæsthetic effects, with perfect safety, it seems criminal for dentists and others to endanger human life by the use of chloroform and chloric ether, simply to save time, or "because the odor of sulphuric ether is not altogether grateful to their senses."

It is strange that Europe should have eagerly seized upon chloroform as an anæsthetic agent, to the almost entire disuse of sulphuric ether, and should persist in its use, with its victims in every city. It really seems as if an envious unwillingness to make use of an *American* discovery influences the minds of European surgeons in this respect, as we have seen a similar feeling in our Southern cities in regard to a *Boston* discovery,—petty jealousy being stronger than respect for human life.

In the chapter on "Burns," the intimate physiological relation between the skin and the lungs is commented on. It is well known that extensive though superficial burns prove fatal from pulmonary inflammation. When the cutaneous surface is unable to perform its exhalant and purifying functions,

double duty is required of the lungs, causing congestion and afterwards inflammation in these organs. This remarkable relation has been generally neglected by pathologists.

The fourteenth chapter contains an interesting case of "Hydrophobia." In common with many physicians, Dr. Hayward did not till recently believe in any *specific* disease produced by the bite of a rabid animal. Some of the reported cases he referred to tetanus, others to delirium tremens, and others to a high degree of nervous excitement consequent on the fear naturally felt by a person who has been bitten. All his doubts, however, were removed by the case detailed, which occurred in this vicinity in 1853. In the account of it, the distinguishing marks of tetanus, with which it is most likely to be confounded, are given at length. The name of the disease, which indicates a dread of water, is badly chosen. Persons suffering from "hydrophobia," so called, do not dread water *as such*; but the sight of this or any other fluid, or even of any article of solid food which raises the idea of swallowing, produces violent spasmodic action of the muscles of deglutition. The seat of the disease is in the medulla oblongata, while tetanus is an affection of the true spinal marrow. In the former, death ensues from *apoplexy*; in the latter, from *asphyxia*.

The article on the "Statistics of Pulmonary Consumption" in Boston, New York, and Philadelphia, presents some results worthy of notice, and cheering to the invalid. There can be no doubt that more persons die of this disease than of any other not epidemic. At least one sixth of the deaths in temperate regions are due to pulmonary consumption; and it would be difficult, and perhaps impossible, to find a family in this community into which this disease has not entered within two generations. Tables show that the increase of mortality from it in Great Britain is greatest in the middle and upper classes, whose fashionable follies and unnatural habits of living render them especially liable to its visitation; while in the lower classes, whose sanitary conditions have in some respects been improved, it has decreased, or at any rate has remained stationary. "The most striking fact brought to light by these tables is the great decrease of deaths by con-

sumption in these cities [Boston, New York, and Philadelphia]. This decrease has been great in all, but greater in Boston than in either of the others; and this is not only a relative but an absolute decrease, for the mortality has been somewhat more during the last ten years (from 1830 to 1840) than it was thirty years ago." From 1840 to 1850, consumption has, apparently, somewhat increased in Boston; though it may be that the diseases peculiar to Southern climates have terminated the lives of many consumptive patients in other cities, giving them an apparent relative advantage which does not belong to them. The great improvements which have taken place of late years in the construction of houses, in habits of cleanliness, in temperance both in eating and drinking, and in dress, will probably occasion a gradual decrease of this disease. Our variable climate acts not only as a predisposing, but as an exciting cause of consumption. Hence, the best means for its prevention are suitable food and proper clothing, with those habits of exercise in the open air which strengthen the system against atmospheric changes. The researches of the last few years seem to indicate that physicians are in a fair way of controlling even this *opprobrium medicinæ*.

Until within three years, Massachusetts was the only State in the Union that had legalized the study of anatomy. More than twenty years ago, she enacted a law by which the municipal authorities were directed to furnish subjects for dissection, under proper restrictions, to regularly educated physicians; and its provisions were so judicious, that no opposition has ever been made to its execution. This measure, so creditable to the intelligence of the State, and so important to the science of medicine, was the result principally of the enlightened course of the State Medical Society. Public sentiment was at first strongly opposed to any such law, and it was necessary to educate the people to look with calmness, and afterwards with approval, on what ignorant communities regard with superstitious fears. Among the articles for public reading was one which appeared in this Review for January, 1831, and which forms the seventeenth chapter of Dr. Hayward's book. Republished in various forms, it reached most

of the families of the Commonwealth, and was greatly instrumental in effecting the remarkable change in public opinion on this subject. It is hardly to the credit of any State, claiming to be enlightened, to endeavor to prevent dissection, under severe penalties, and at the same time to permit heavy damages to be obtained in courts of law from physicians who have been led into error by ignorance which dissection of the human body could alone dispel. A knowledge of anatomy is absolutely essential to the rational practice of medicine and surgery; it is necessary for the well-being and the safety of every sick person. The physician has not the particular and sole interest in this question, as many people think. It is for the benefit of suffering humanity, that dissections are, and must be, practised. Without them, the great improvements of modern surgery could not have been made; without them, we can expect no progress in the future.

The disease known as *cholera* had occasionally appeared, for many years, in various parts of India; but it did not, till 1817, assume the epidemic and fatal character which it has since exhibited. In that year it broke out simultaneously in different parts of Bengal, from which it spread to various countries of Asia and Eastern Europe. Independent of summer's heat and winter's cold, it raged with equal violence in Calcutta and St. Petersburg. Checked for a season, it appeared in Central Europe in 1831, spreading death in its course. The panic was very great, notwithstanding the general disbelief of medical men in its contagious character; and it was increased, by an article in the London Quarterly Review for December, 1831, maintaining very ably its contagiousness. Considering the fatality of this scourge of the human race, its total disregard of climate, the uncertainty of its mode of propagation, and the probability that it would soon cross the Atlantic, it was natural that it should be viewed with great alarm by this community. To allay this general panic, Dr. Hayward published an article in the North American Review for July, 1832, which did good service in diminishing the morbid alarm that enhances so greatly the evils of epidemics. This article forms the eighteenth chapter of the present work. Dr. Hayward illustrated the non-conta-

giousness of cholera by showing that the disease does not always follow the great thoroughfares of countries, and that, when it does follow them, it is not in correspondence with the rapidity of intercourse between nations; that it is not stayed by quarantines and *cordons*; that it spares localities where no such restrictions exist, though the thoroughfares be crowded; that it appears simultaneously in districts distant from each other, without affecting the intervening and equally exposed country; and that it sometimes arises suddenly, without apparent cause, in the midst of a large population, carries off only a few persons, and as suddenly disappears. In fact, the demonstration of its non-contagiousness seemed complete, and the phenomena of its course in this country fully confirmed the correctness of Dr. Hayward's views. Almost all medical men are now satisfied that cholera is *not contagious*. The first case in Boston occurred about the middle of August, 1832, shortly after the publication of Dr. Hayward's article. Leaving out of view the vexations and expenses of quarantines and commercial restrictions, and all pecuniary considerations, the immoral effects of a belief in its contagiousness would have been appalling; the sick would have been abandoned in their hour of distress; the instinct of self-preservation would have driven the living from the bed-side of the dying; and all the horrors of the London plague would have been re-enacted in our midst. The chapter closes with a noble appeal to the profession, that "they should devote themselves, without fear, to aid and comfort them [the dying] in the hour of peril; confident that, if their turn come next, it can never come at a better period than when they are engaged with zeal and fidelity in the discharge of their duty."

In the chapter on "Some of the Diseases of a Literary Life," Dr. Hayward gives very useful hints on physical education, as a preventive of those affections most likely to be induced by undue exertion of the intellectual faculties. He sketches briefly and plainly the principal "systems" of the body, the nervous, the digestive, the respiratory, the circulating, and the secreting. He is no believer in Phrenology, saying "that the doctrine is not only fraught with dangerous consequences, but that it is at variance with facts familiar to

almost every physician." In addition, it may be said that this system is as yet very imperfect; for it takes no cognizance of the convolutions of the hemispheres separated by the *falx cerebri*, nor of the great *ganglia* at the base of the brain, which are the seats of emotional action. Comparative anatomy and pathology are also greatly at variance with every published system of Phrenology.

A derangement of the digestive functions is one of the most frequent and troublesome diseases of literary men. Dyspepsia, in its various forms, is a legitimate consequence of want of exercise, of confinement in hot or ill-ventilated apartments, of food of improper quality or in too great quantity, and of smoking and chewing tobacco; torpidity of the liver and consequent constipation, diseases of the lungs and heart, follow; while apoplexy and paralysis are the final results of an overworked brain and an underworked body. The prevention of these Dr. Hayward sums up in two words, *temperance* and *exercise*. By temperance he means, not simply "abstinence from distilled spirit," but "moderation as to the time allotted to sleep and study; moderation in exercise, regimen, and diet, particularly in the quantity of food." Exercise should be taken daily, in the open air, without regard to weather. By following these simple rules, every student has a fair chance of living his "threescore years and ten," "and, what is of infinitely more consequence, he will have every reason to believe that the light of intellect will remain unclouded to the last."

The volume closes with two lectures delivered at the Medical College, one on the "Professional Trials of the Young Physician," and the other on the "Duties of the Medical Profession." These lectures are full of excellent advice, and elevated views of the duties and responsibilities of the honorable physician. In the first, the author enjoins on his pupils to improve all their opportunities, and to commence the practice of medicine with a resolve to add something to the stock of knowledge, to lessen human suffering, and to acquire the respect of their brethren; as by so doing they "may be assured of a prosperous career, a useful life, and an enduring fame." The second lecture he concludes by saying, that, if



the physician cannot increase the stores of medical wisdom, if he cannot add lustre to the name of the profession, he can at least avoid doing anything to tarnish it.

We have thus endeavored to give our readers an idea of the varied contents of this valuable work, — valuable alike to the non-professional reader, to the medical student, and to the veteran practitioner. The author dedicates his book to his former pupils, who cannot but receive with pleasure and profit this rich legacy of their faithful teacher and warm-hearted friend.

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ART. X. — *The Rise of the Dutch Republic. A History.* By JOHN LOTHROP MOTLEY. In three volumes. New York: Harper and Brothers. 1856.

IN the middle of the sixteenth century, the attention of the civilized world was engrossed by the impressive spectacle of the abdication of the Emperor Charles V. Seldom, since the days of Diocletian, had a prince descended from the throne to a private station, of his own free-will; and the interest of an event, so remarkable in itself and so unstaled by custom, was heightened by the striking circumstances of the case. The head of the Germanic Empire, king of Spain, the Indies, and the Romans, lord of Sicily, Naples, Milan, and the Netherlands, and titular king of Jerusalem, resigned, so far as was in his power, his balls and sceptres, to the hands of his son, Philip II., surnamed the Prudent. Forty years of incessant labor and over-eating had done their work, and disappointment and anxiety now came to insure the victory which fatigue and dyspepsia had almost gained over his iron frame. The shrewd politician had seen himself outwitted by one of that German race which he described as “dreamy, drunken, and incapable of intrigue,” and the first captain of the age, who, in the words of Alva, *nació soldado en naciendo en el mundo*, had fled from Innspruck into Flanders, in the disguise of an old woman, before the rapid charge of his former pupil,